

# **BOARD OF HEALTH APPLICATION**

for

## **Percolation Test / Deep Hole Test**

Individual or Company

Requesting Test: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Test Site: \_\_\_\_\_

Number of Percolation Test Holes

Witnessed At Site: \_\_\_\_\_

Number of Deep Hole Tests

Witnessed At Site: \_\_\_\_\_

Cost Per Each Percolation Test Witnessed: \_\_\_\_\_

Cost Per Each Deep Hole Test Witnessed: \_\_\_\_\_

Total Amount Payable To

Hopedale Board of Health: \_\_\_\_\_

Test Witnessed By: \_\_\_\_\_

Representative of Board of Health

Date Witnessed: \_\_\_\_\_